



Laguna Lake  
1801 Prefumo Canyon Road  
San Luis Obispo, CA 93405  
(805) 543-5500

Dear Prospective Resident,

Thank you for your interest in Laguna Lake.

In order for us to process your application, we require the following items;

1. **A completed and signed application. Please be sure all information is provided- do not leave any items blank.**
2. **We must have proof of all sources of income: (example: 2 recent paystubs or proof of automatic deposit for retirement income or Social Security Income).**
3. **Proof of age is required: Photo copies of Drivers License or State Photo ID. Please do not include copies of your Social Security card.**

The processing of your application will be expedited by furnishing all the above items as soon as possible.

Please call to make an appointment to sign the Rental Agreement at least 3 days prior to close of escrow.

We look forward to working with you.

Sincerely,  
Laguna Lake Mobile Estates



Equity LifeStyle Properties, Inc.

## Residency Application – California

|                                                                                                                                                            |                                                                                  |                                                                                                                                                                                 |                       |                                                                                                                                            |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Date:                                                                                                                                                      | Community Name:                                                                  | <input type="checkbox"/> An all-ages community<br><input type="checkbox"/> A 55-and-over community                                                                              | Contact:              | Phone Number (w/area code):                                                                                                                |                    |
| Site Address:                                                                                                                                              | Site #:                                                                          | City:                                                                                                                                                                           | State:                | Zip Code:                                                                                                                                  |                    |
| Lot Rent (w/out concessions):<br>\$ _____ per month                                                                                                        | Home Payment:<br>\$ _____ per month                                              | Purchase Price:<br>\$ _____                                                                                                                                                     | Desired Move-In Date: |                                                                                                                                            |                    |
| Make:                                                                                                                                                      | Year:                                                                            | Length/Width:                                                                                                                                                                   | Model:                | Serial Number:                                                                                                                             | Who is the Seller? |
| Type of Application:<br><input type="checkbox"/> Homeowner only<br><input type="checkbox"/> Lease/Lease to own<br><input type="checkbox"/> Seasonal Rental | Home Type:<br><input type="checkbox"/> New<br><input type="checkbox"/> Pre-Owned | Source of Home:<br><input type="checkbox"/> Inventory<br><input type="checkbox"/> Brokered<br><input type="checkbox"/> Retail Partner<br><input type="checkbox"/> Private/Other |                       | Home Use:<br><input type="checkbox"/> Primary Residency<br><input type="checkbox"/> Secondary Residency<br><input type="checkbox"/> Other: |                    |
| For "Residency Only" application, indicate source of home financing:                                                                                       |                                                                                  | <input type="checkbox"/> Cash<br><input type="checkbox"/> Outside Lender (Loan #, Lender Name & Phone number):                                                                  |                       | <input type="checkbox"/> Private Move-In                                                                                                   |                    |

### Applicant Information

|                                                                                                                                                  |                                                                                                                                                     |                                                       |                                                          |                                       |                                                     |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------|-----------------------------------------------------|-----------|
| <b>Applicant 1</b>                                                                                                                               |                                                                                                                                                     |                                                       |                                                          |                                       |                                                     |           |
| Name (Last, First, Middle):                                                                                                                      |                                                                                                                                                     |                                                       | Social Security Number:                                  |                                       |                                                     |           |
| Date of Birth (Mo/Date/Yr):                                                                                                                      |                                                                                                                                                     |                                                       | Driver's License Number/State:                           |                                       |                                                     |           |
| <b>Applicant 1 Address History</b>                                                                                                               |                                                                                                                                                     |                                                       |                                                          |                                       |                                                     |           |
| Current Address:                                                                                                                                 |                                                                                                                                                     | Home Phone Number (w/ area code):                     |                                                          | Cell Phone (w/ area code):            |                                                     |           |
| City:                                                                                                                                            | State:                                                                                                                                              | Zip Code:                                             | Email Address:                                           |                                       |                                                     |           |
| How long at this address?<br>Years _____ Months _____                                                                                            | Residency Status:<br><input type="checkbox"/> Own <input type="checkbox"/> Relative<br><input type="checkbox"/> Rent <input type="checkbox"/> Other |                                                       | Mortgage Company or Landlord Name:                       |                                       |                                                     |           |
| Mortgage Company or Landlord Address:                                                                                                            |                                                                                                                                                     | Mortgage Company or Landlord Phone Number:            |                                                          | Monthly Payment<br>\$ _____ per month |                                                     |           |
| If you have been at your current address for less than two years, please list:                                                                   | Former Address:                                                                                                                                     |                                                       | City:                                                    | State:                                | Zip Code:                                           |           |
| Residency Status:<br><input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other | How long at this address?<br>Years _____ Months _____                                                                                               |                                                       | Mortgage or Landlord (Name and Phone Number):            |                                       | Monthly Payment<br>\$ _____ per month               |           |
| <b>Applicant 1 Employment History</b>                                                                                                            |                                                                                                                                                     |                                                       |                                                          |                                       |                                                     |           |
| Occupation:                                                                                                                                      | Current Employer OR List Retired:                                                                                                                   |                                                       | Phone Number:                                            | City:                                 | State:                                              | Zip Code: |
| <input type="checkbox"/> If Self-Employed                                                                                                        | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time                                                                            | Time Employed OR Retired:<br>Years _____ Months _____ | Gross Income OR Retirement Income:<br>\$ _____ per month |                                       | If less than two years, list former Employer below: |           |
| Occupation:                                                                                                                                      | Employer:                                                                                                                                           |                                                       | Phone Number:                                            | City:                                 | State:                                              | Zip Code: |
| <input type="checkbox"/> If Self-Employed                                                                                                        | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time                                                                            | Time Employed OR Retired:<br>Years _____ Months _____ | Gross Income OR Retirement Income:<br>\$ _____ per month |                                       |                                                     |           |



| <b>Applicant 1 Other Income</b>                                                                                                                                                                |                      |                                                          |                      |                                                          |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------|----------------------|----------------------------------------------------------|----------------------------------------------------------|
| Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation. |                      |                                                          |                      |                                                          |                                                          |
| Source:                                                                                                                                                                                        | Monthly Amount<br>\$ | Source                                                   | Monthly Amount<br>\$ | Source                                                   | Month Amount<br>\$                                       |
| Have you filed bankruptcy in the last 7 years?                                                                                                                                                 |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      | Have you applied for credit under a different name?      |                                                          |
|                                                                                                                                                                                                |                      |                                                          |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                          |
| Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?                                                                           |                      |                                                          |                      |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If you answered "Yes" to any of these questions, please explain in the lines below.</i>                                                                                                     |                      |                                                          |                      |                                                          |                                                          |
| <b>Assets for Applicant 1</b>                                                                                                                                                                  |                      |                                                          |                      |                                                          |                                                          |
| (Please include Liquid Assets as it may enhance your approval chances)                                                                                                                         |                      |                                                          |                      |                                                          |                                                          |
| Type of Account                                                                                                                                                                                | Bank                 | Balance                                                  |                      |                                                          |                                                          |
|                                                                                                                                                                                                |                      |                                                          |                      |                                                          |                                                          |
|                                                                                                                                                                                                |                      |                                                          |                      |                                                          |                                                          |
|                                                                                                                                                                                                |                      |                                                          |                      |                                                          |                                                          |
|                                                                                                                                                                                                |                      |                                                          |                      |                                                          |                                                          |
|                                                                                                                                                                                                |                      |                                                          |                      |                                                          |                                                          |
|                                                                                                                                                                                                |                      |                                                          |                      |                                                          |                                                          |
| <b>Credit References and Other Expenses for Applicant 1</b>                                                                                                                                    |                      |                                                          |                      |                                                          |                                                          |
| (Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies)               |                      |                                                          |                      |                                                          |                                                          |
| Type of Bill                                                                                                                                                                                   | Company or Payee     | Monthly Obligation                                       |                      |                                                          |                                                          |
| Child Care                                                                                                                                                                                     |                      | \$                                                       |                      |                                                          |                                                          |
| Child Support                                                                                                                                                                                  |                      | \$                                                       |                      |                                                          |                                                          |
| Alimony                                                                                                                                                                                        |                      | \$                                                       |                      |                                                          |                                                          |
| Car Loan                                                                                                                                                                                       |                      | \$                                                       |                      |                                                          |                                                          |
| Other:                                                                                                                                                                                         |                      | \$                                                       |                      |                                                          |                                                          |

| <b>Applicant 2</b>                                                                                                          |        |                                                                                                                                |                                                                                                                                                                   |                                               |                                |
|-----------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|
| Name (Last, First, Middle):                                                                                                 |        |                                                                                                                                | Social Security Number:                                                                                                                                           |                                               | Driver's License Number/State: |
| Date of Birth (Mo/Date/Yr):                                                                                                 |        | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried<br><input type="checkbox"/> Separated                      | Relationship to Applicant 1: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative<br><input type="checkbox"/> Friend <input type="checkbox"/> Other: |                                               |                                |
| <b>Applicant 2 Address History</b>                                                                                          |        |                                                                                                                                |                                                                                                                                                                   |                                               |                                |
| Current Address:                                                                                                            |        |                                                                                                                                | Home Phone Number (w/ area code):                                                                                                                                 |                                               | Cell Phone (w/ area code):     |
| City:                                                                                                                       | State: | Zip Code:                                                                                                                      | Email Address:                                                                                                                                                    |                                               |                                |
| How long at this address?                                                                                                   |        | Residency Status:                                                                                                              |                                                                                                                                                                   | Mortgage Company or Landlord Name:            |                                |
| Years                                                                                                                       | Months | <input type="checkbox"/> Own <input type="checkbox"/> Relative<br><input type="checkbox"/> Rent <input type="checkbox"/> Other |                                                                                                                                                                   |                                               |                                |
| Mortgage Company or Landlord Address:                                                                                       |        |                                                                                                                                | Mortgage Company or Landlord Phone Number:                                                                                                                        |                                               | Monthly Payment                |
| If you have been at your current address for less than two years, please list:                                              |        |                                                                                                                                | City:                                                                                                                                                             |                                               | State:                         |
| Former Address:                                                                                                             |        |                                                                                                                                |                                                                                                                                                                   |                                               | Zip Code:                      |
| Residency Status:                                                                                                           |        | How long at this address?                                                                                                      |                                                                                                                                                                   | Mortgage or Landlord (Name and Phone Number): |                                |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other |        | Years      Months                                                                                                              |                                                                                                                                                                   |                                               |                                |
|                                                                                                                             |        |                                                                                                                                |                                                                                                                                                                   | Monthly Payment                               |                                |
|                                                                                                                             |        |                                                                                                                                |                                                                                                                                                                   | \$      per month                             |                                |



### Applicant 2 Employment History

|                                           |                                                                          |                                                |                                                          |        |                                                     |
|-------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|--------|-----------------------------------------------------|
| Occupation:                               | Current Employer OR List Retired:                                        | Phone Number:                                  | City:                                                    | State: | Zip Code:                                           |
| <input type="checkbox"/> If Self-Employed | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time | Time Employed OR Retired:<br>Years      Months | Gross Income OR Retirement Income:<br>\$ _____ per month |        | If less than two years, list former Employer below: |
| Occupation:                               | Employer:                                                                | Phone Number:                                  | City:                                                    | State: | Zip Code:                                           |
| <input type="checkbox"/> If Self-Employed | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time | Time Employed OR Retired:<br>Years      Months | Gross Income OR Retirement Income:<br>\$ _____ per month |        |                                                     |

### Applicant 2 Other Income

Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

|                                                                                                                      |                                                          |                                                     |                      |        |                                                          |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|----------------------|--------|----------------------------------------------------------|
| Source                                                                                                               | Monthly Amount<br>\$                                     | Source                                              | Monthly Amount<br>\$ | Source | Month Amount<br>\$                                       |
| Have you filed bankruptcy in the last 7 years?                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you applied for credit under a different name? |                      |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years? |                                                          |                                                     |                      |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*If you answered "Yes" to any of these questions, please explain in the "Additional Comments" section on page 4.*

### Assets for Applicant 2

(Please include Liquid Assets as it may enhance your approval chances)

| Type of Account | Bank | Balance |
|-----------------|------|---------|
|                 |      |         |
|                 |      |         |
|                 |      |         |
|                 |      |         |
|                 |      |         |

### Credit References and Other Expenses for Applicant 2

(Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies)

| Type of Bill  | Company or Payee | Monthly Obligation |
|---------------|------------------|--------------------|
| Child Care    |                  | \$                 |
| Child Support |                  | \$                 |
| Alimony       |                  | \$                 |
| Car Loan      |                  | \$                 |
| Other:        |                  | \$                 |

### Financing

|                          |    |                                                              |    |
|--------------------------|----|--------------------------------------------------------------|----|
| Total Cash Down Payment: | \$ | Total Trade Equity For Down Payment:                         | \$ |
| Total % of Sales Price:  |    | Total Down Payment (Cash Down payment + Total Trade Equity): | \$ |



## Occupants

| Occupant 1                  |                         |        |                            |
|-----------------------------|-------------------------|--------|----------------------------|
| Name (Last, First, Middle): | Social Security Number: |        | Date of Birth (Mo/Day/Yr): |
| Current Address:            | City:                   | State: | Zip Code:                  |

| Occupant 2                  |                         |        |                            |
|-----------------------------|-------------------------|--------|----------------------------|
| Name (Last, First, Middle): | Social Security Number: |        | Date of Birth (Mo/Day/Yr): |
| Current Address:            | City:                   | State: | Zip Code:                  |

| Occupant 3                  |                         |        |                            |
|-----------------------------|-------------------------|--------|----------------------------|
| Name (Last, First, Middle): | Social Security Number: |        | Date of Birth (Mo/Day/Yr): |
| Current Address:            | City:                   | State: | Zip Code:                  |

| Occupant 4                  |                         |        |                            |
|-----------------------------|-------------------------|--------|----------------------------|
| Name (Last, First, Middle): | Social Security Number: |        | Date of Birth (Mo/Day/Yr): |
| Current Address:            | City:                   | State: | Zip Code:                  |

| Vehicle Information |       |        |                       |
|---------------------|-------|--------|-----------------------|
| Year:               | Make: | Model: | Plate/License Number: |
| Year:               | Make: | Model: | Plate/License Number: |
| Year:               | Make: | Model: | Plate/License Number: |

| Pet Information                                                                                                                              |       |       |        |        |     |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--------|--------|-----|
| Do you have any pets that will be living with you? (if permitted) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? |       |       |        |        |     |
| Type                                                                                                                                         | Breed | Color | Weight | Height | Age |
|                                                                                                                                              |       |       |        |        |     |
|                                                                                                                                              |       |       |        |        |     |

Additional Comments



## General Information

1. How did you learn of this community:

- ☐ Newspapers: Name of Publication: \_\_\_\_\_ Issue: \_\_\_\_\_
- ☐ Magazine: Name of Publication: \_\_\_\_\_ Issue: \_\_\_\_\_
- ☐ Internet: Name of Website: \_\_\_\_\_
- ☐ Referral: If so, by whom: \_\_\_\_\_
- ☐ Other: Please specify: \_\_\_\_\_
- ☐ Our signs    ☐ Drive By    ☐ Flyers

2. If this will be a second home or partial residence, what is the address of your primary residence?

\_\_\_\_\_

|                |      |       |          |              |
|----------------|------|-------|----------|--------------|
| Street Address | City | State | Zip Code | Phone Number |
|----------------|------|-------|----------|--------------|

How many months each year do you plan to live at this address within the community? \_\_\_\_\_

What is the reason for your move (job, relocations, change of life status, etc.)? \_\_\_\_\_

3. Current Home is:

- ☐ A rented apartment  
☐ A rented house  
☐ An owned apartment  
☐ An owned house  
☐ Living with a relative or friend

4. Do you own:

- ☐ RV            ☐ Yes   ☐ No  
☐ Tent Camp   ☐ Yes   ☐ No

5. Have you ever lived in a manufactured housing community before?   ☐ Yes   ☐ No    Do you live in one now?   ☐ Yes   ☐ No

If yes, what community? \_\_\_\_\_

☐ Unless I check this box, by signing this application, I am giving Equity LifeStyle Properties, Inc. and its affiliates permission to telephone and email me with information and offers on their communities and RV resorts, including memberships and other vacation projects, even if my name is on a do-no-call list.



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## Signatures

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I hereby authorize Equity Lifestyle Properties, Inc., its affiliates and subsidiaries, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Equity Lifestyle Properties, Inc., its affiliates and subsidiaries, and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

As an applicant, I represent that the above statements are correct and complete and that I intend that Equity Lifestyle Properties, Inc. its affiliates and subsidiaries rely on these representations in determining whether to lease to me a home and/or homesite in the community. I agree that I have no right to occupy a home or homesite in the community until and unless this application is approved, a lease is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

**Applicant 1:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (Mo/Day/Yr)

**Applicant 2:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (Mo/Day/Yr)

**Occupant 1 (over 18):**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (Mo/Day/Yr)

**Occupant 2 (over 18):**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (Mo/Day/Yr)

**Occupant 3 (over 18):**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (Mo/Day/Yr)

**Occupant 4 (over 18):**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (Mo/Day/Yr)

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### Internal Use

When application is returned, ensure that the application is complete, legible, signed, and dated, and collect the Resident Application Screening Fee.



*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS:                                                                                               | CONTACT:                                                                               |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates | a. Consumer Financial Protection Bureau<br>1700 G Street, N.W.<br>Washington, DC 20552 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list,                 | b. Federal Trade Commission: Consumer Response Center – FCRA                           |

|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| in addition to the CFPB:                                                                                                                                                                                                                                                                                      | Washington, DC 20580<br>(877) 382-4357                                                                                                                                                           |
| 2. To the extent not included in item 1 above:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                  |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks                                                                                                                                                                                                   | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050                                                          |
| b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | b. Federal Reserve Consumer Help Center<br>P.O. Box. 1200<br>Minneapolis, MN 55480                                                                                                               |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations                                                                                                                                                                                                   | c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106                                                                                                         |
| d. Federal Credit Unions                                                                                                                                                                                                                                                                                      | d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO)<br>1775 Duke Street<br>Alexandria, VA 22314                |
| 3. Air carriers                                                                                                                                                                                                                                                                                               | Asst. General Counsel for Aviation<br>Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board                                                                                                                                                                                                                                                      | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>Washington, DC 20423                                                                |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921                                                                                                                                                                                                                                                  | Nearest Packers and Stockyards<br>Administration area supervisor                                                                                                                                 |
| 6. Small Business Investment Companies                                                                                                                                                                                                                                                                        | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, S.W., 8 <sup>th</sup> Floor<br>Washington, DC 20416                        |
| 7. Brokers and Dealers                                                                                                                                                                                                                                                                                        | Securities and Exchange Commission<br>100 F Street, N.E.                                                                                                                                         |

|                                                                                                                              |                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                              | Washington, DC 20549                                                                                                                                                        |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090                                                                                               |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above                                                    | FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357 |

# Equity Lifestyle Properties

## { GUEST SURVEY }

Guest's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Community: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

*I am giving Equity Lifestyle Properties, Inc. and its affiliates permission to telephone and email me with information and offers on their communities and RV resorts, including memberships and other vacation products, even if my name is on a do-not-call or do-not-email list.*

Signature \_\_\_\_\_

### 1. Are you interested in renting or owning a home?

☐ Renting ☐ Owning

### 2. What attracted you most to this community?

☐ Price ☐ Living in a single family home ☐ Amenities (pool, recreation center, etc.)  
☐ Location ☐ Activities ☐ Know someone that lives in the community  
☐ Move in special ☐ Living in a brand new home ☐ Other \_\_\_\_\_

### 3. How did you hear about us?

☐ Resident Referral ☐ Drove by community ☐ Newspaper Advertisement ☐ Craigslist ☐ Flyer  
☐ Magazine ☐ Homes.com ☐ Rentals.com ☐ Outside Referral ☐ Homes.com  
☐ EquityLifestyle.com ☐ SeniorOutlook.com ☐ ForRent.com ☐ MHVillage.com ☐ Retirenet.com  
☐ RentalHomesPlus.com ☐ After55.com ☐ Rent.com ☐ Zillow.com ☐ MHBay.com  
☐ Other, Please specify the source: \_\_\_\_\_

### 4. If purchasing, what is your budget?

☐ Under \$5,000 ☐ \$5,000 - \$10,000 ☐ \$10,001 - \$20,000 ☐ \$20,001 - \$30,000  
☐ \$30,001 - \$40,000 ☐ \$40,001 - \$50,000 ☐ More than \$50,000

### 5. If renting, what is your budget?

☐ \$400 - \$599 a month ☐ \$600 - \$799 a month ☐ \$800 - \$999 a month ☐ More than \$1,000 a month

### 6. Do you rent or own the home you currently live in?

☐ Rent ☐ Own

### 7. What size home are you currently in the market for?

☐ 1 Bed / 1 Bath ☐ 2 Bed / 1 Bath ☐ 2 Bed / 2 Bath ☐ 3 Bed / 1 Bath  
☐ 3 Bed / 2 Bath ☐ 3 Bed / 3 Bath

### 8. What describes your visit today best?

☐ Plan to rent/buy now ☐ Plan to rent/buy within the next year  
☐ Plan to rent/buy in the next month ☐ No specific plans, just shopping  
☐ Plan to rent/buy in the next 6 months

# Equity *LifeStyle* Properties

{ MANAGERS PLEASE COMPLETE THE FOLLOWING }

Sale's Person Name: \_\_\_\_\_

**Results:**

|                                                                            |                                                      |                                                         |              |
|----------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|--------------|
| <input type="checkbox"/> Purchased Home                                    | Site # _____                                         | <input type="checkbox"/> Rented Home                    | Site # _____ |
| <input type="checkbox"/> Return Later _____                                |                                                      | <input type="checkbox"/> Next Appointment _____         |              |
| <input type="checkbox"/> Call Back Dates _____                             |                                                      |                                                         |              |
| <input type="checkbox"/> Purchased in another community (Which one?) _____ |                                                      |                                                         |              |
| <input type="checkbox"/> Rented Apartment                                  | <input type="checkbox"/> Purchased a Condo/townhouse | <input type="checkbox"/> Purchased a Single Family Home |              |
| <input type="checkbox"/> Other _____                                       |                                                      |                                                         |              |

Homes Shown: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_